

County: Manitowoc
 RIVER'S BEND HEALTH/REHABILITATION
 960 SOUTH RAPIDS ROAD

Facility ID: 7010

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MANITOWOC 54220 Phone: (920) 684-1144
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 99
 Total Licensed Bed Capacity (12/31/02): 99
 Number of Residents on 12/31/02: 92

Ownership: Limited Liability Company
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 96

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			35.9
Supp. Home Care-Personal Care	No						More Than 4 Years			45.7
Supp. Home Care-Household Services	No		Developmental Disabilities	1.1	Under 65	2.2				18.5
Day Services	No		Mental Illness (Org./Psy)	18.5	65 - 74	8.7				-----
Respite Care	No		Mental Illness (Other)	7.6	75 - 84	35.9				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	1.1	85 - 94	45.7				*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.6				Full-Time Equivalent
Congregate Meals	No		Cancer	3.3		-----				Nursing Staff per 100 Residents
Home Delivered Meals	No		Fractures	8.7		100.0				(12/31/02)
Other Meals	No		Cardiovascular	14.1	65 & Over	97.8				-----
Transportation	No		Cerebrovascular	28.3		-----				RNs 15.7
Referral Service	No		Diabetes	3.3	Sex	%				LPNs 4.2
Other Services	Yes		Respiratory	0.0		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	14.1	Male	21.7				Aides, & Orderlies 42.3
Mentally Ill	No			-----	Female	78.3				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	18	100.0	306			55	100.0	105	0	0.0	0	19	100.0	126	0	0.0	0	0	0.0	0	92	100.0
Intermediate	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	18	100.0				55	100.0		0	0.0		19	100.0		0	0.0		0	0.0		92	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
				Assistance of				Number of	
		Daily Living (ADL)		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health 3.4		Bathing 1.1		72.8		26.1		92	
Private Home/With Home Health 4.2		Dressing 6.5		67.4		26.1		92	
Other Nursing Homes 1.7		Transferring 15.2		60.9		23.9		92	
Acute Care Hospitals 89.0		Toilet Use 15.2		57.6		27.2		92	
Psych. Hosp.-MR/DD Facilities 0.0		Eating 65.2		14.1		20.7		92	
Rehabilitation Hospitals 0.0		*****							
Other Locations 1.7									
Total Number of Admissions 118		Continence		% Special Treatments					
Percent Discharges To:		Indwelling Or External Catheter		4.3		Receiving Respiratory Care		8.7	
Private Home/No Home Health 27.0		Occ/Freq. Incontinent of Bladder		64.1		Receiving Tracheostomy Care		0.0	
Private Home/With Home Health 12.3		Occ/Freq. Incontinent of Bowel		32.6		Receiving Suctioning		0.0	
Other Nursing Homes 4.9						Receiving Ostomy Care		3.3	
Acute Care Hospitals 14.8		Mobility				Receiving Tube Feeding		2.2	
Psych. Hosp.-MR/DD Facilities 0.0		Physically Restrained		7.6		Receiving Mechanically Altered Diets		35.9	
Rehabilitation Hospitals 0.0									
Other Locations 6.6		Skin Care				Other Resident Characteristics			
Deaths 34.4		With Pressure Sores		5.4		Have Advance Directives		98.9	
Total Number of Discharges		With Rashes		2.2		Medications			
(Including Deaths) 122						Receiving Psychoactive Drugs		52.2	

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.0	85.1	1.14	88.5	1.10	86.7	1.12	85.1	1.14
Current Residents from In-County	100	75.4	1.33	72.5	1.38	69.3	1.44	76.6	1.30
Admissions from In-County, Still Residing	28.0	20.1	1.39	19.5	1.44	22.5	1.25	20.3	1.38
Admissions/Average Daily Census	122.9	138.3	0.89	125.4	0.98	102.9	1.19	133.4	0.92
Discharges/Average Daily Census	127.1	139.7	0.91	127.2	1.00	105.2	1.21	135.3	0.94
Discharges To Private Residence/Average Daily Census	50.0	57.6	0.87	50.7	0.99	40.9	1.22	56.6	0.88
Residents Receiving Skilled Care	100	94.3	1.06	92.9	1.08	91.6	1.09	86.3	1.16
Residents Aged 65 and Older	97.8	95.0	1.03	94.8	1.03	93.6	1.05	87.7	1.12
Title 19 (Medicaid) Funded Residents	59.8	64.9	0.92	66.8	0.89	69.0	0.87	67.5	0.89
Private Pay Funded Residents	20.7	20.4	1.01	22.7	0.91	21.2	0.97	21.0	0.98
Developmentally Disabled Residents	1.1	0.8	1.37	0.6	1.75	0.6	1.92	7.1	0.15
Mentally Ill Residents	26.1	30.3	0.86	36.5	0.72	37.8	0.69	33.3	0.78
General Medical Service Residents	14.1	23.6	0.60	21.6	0.65	22.3	0.63	20.5	0.69
Impaired ADL (Mean)	52.4	48.6	1.08	48.0	1.09	47.5	1.10	49.3	1.06
Psychological Problems	52.2	55.2	0.95	59.4	0.88	56.9	0.92	54.0	0.97
Nursing Care Required (Mean)	7.2	6.6	1.09	6.3	1.15	6.8	1.06	7.2	1.00